

County: Waukesha
MASONIC HEALTH CARE CENTER, INC.
400 NORTH MAIN STREET

Facility ID: 9540

Page 1

DOUSMAN 53115 Phone:(262) 965-9245
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 84
Total Licensed Bed Capacity (12/31/02): 84
Number of Residents on 12/31/02: 82

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 82

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			40.2
Supp. Home Care-Personal Care	No						More Than 4 Years			45.1
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	1.2				14.6
Day Services	No		Mental Illness (Org./Psy)	29.3	65 - 74	4.9				-----
Respite Care	No		Mental Illness (Other)	0.0	75 - 84	23.2				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	56.1				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.6				Full-Time Equivalent
Congregate Meals	No		Cancer	1.2		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	2.4		100.0				(12/31/02)
Other Meals	No		Cardiovascular	9.8	65 & Over	98.8				-----
Transportation	No		Cerebrovascular	13.4		-----				RNs 7.7
Referral Service	No		Diabetes	3.7	Sex	%				LPNs 7.7
Other Services	Yes		Respiratory	6.1		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	34.1	Male	24.4				Aides, & Orderlies 31.8
Mentally Ill	No			-----	Female	75.6				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	1	2.9	191	0	0.0	0	0	0.0	0	1	1.2
Skilled Care	7	100.0	198		35	87.5	117	0	0	0.0	0	31	88.6	170	0	0.0	0	0	0.0	0	73	89.0
Intermediate	---	---	---		5	12.5	96	0	0	0.0	0	3	8.6	147	0	0.0	0	0	0.0	0	8	9.8
Limited Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0			40	100.0			0	0.0		35	100.0		0	0.0		0	0.0		82	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

		% Needing				Total
Percent Admissions from:		Activities of	%	Assistance of	% Totally	Number of
Private Home/No Home Health	26.9	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	70.7	29.3	82
Other Nursing Homes	7.5	Dressing	8.5	59.8	31.7	82
Acute Care Hospitals	53.7	Transferring	18.3	53.7	28.0	82
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	12.2	58.5	29.3	82
Rehabilitation Hospitals	3.0	Eating	48.8	36.6	14.6	82
Other Locations	9.0	*****				
Total Number of Admissions	67	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.4	Receiving Respiratory Care	14.6	
Private Home/No Home Health	26.2	Occ/Freq. Incontinent of Bladder	67.1	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	22.0	Receiving Suctioning	2.4	
Other Nursing Homes	3.1			Receiving Ostomy Care	0.0	
Acute Care Hospitals	4.6	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.2	Receiving Mechanically Altered Diets	43.9	
Rehabilitation Hospitals	0.0					
Other Locations	7.7	Skin Care		Other Resident Characteristics		
Deaths	58.5	With Pressure Sores	2.4	Have Advance Directives	98.8	
Total Number of Discharges		With Rashes	2.4	Medications		
(Including Deaths)	65			Receiving Psychoactive Drugs	67.1	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Nonprofit		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.6	85.6	1.14	86.7	1.13	84.2	1.16	85.1	1.15
Current Residents from In-County	86.6	88.1	0.98	90.3	0.96	85.3	1.02	76.6	1.13
Admissions from In-County, Still Residing	46.3	23.6	1.96	20.3	2.28	21.0	2.20	20.3	2.28
Admissions/Average Daily Census	81.7	134.2	0.61	186.6	0.44	153.9	0.53	133.4	0.61
Discharges/Average Daily Census	79.3	140.2	0.57	185.6	0.43	156.0	0.51	135.3	0.59
Discharges To Private Residence/Average Daily Census	20.7	46.8	0.44	73.5	0.28	56.3	0.37	56.6	0.37
Residents Receiving Skilled Care	90.2	90.1	1.00	94.8	0.95	91.6	0.99	86.3	1.05
Residents Aged 65 and Older	98.8	96.3	1.03	89.2	1.11	91.5	1.08	87.7	1.13
Title 19 (Medicaid) Funded Residents	48.8	52.8	0.92	50.4	0.97	60.8	0.80	67.5	0.72
Private Pay Funded Residents	42.7	34.8	1.23	30.4	1.40	23.4	1.82	21.0	2.03
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	29.3	35.2	0.83	27.0	1.08	32.8	0.89	33.3	0.88
General Medical Service Residents	34.1	23.7	1.44	27.0	1.26	23.3	1.47	20.5	1.67
Impaired ADL (Mean)	54.6	50.5	1.08	48.9	1.12	51.0	1.07	49.3	1.11
Psychological Problems	67.1	54.7	1.23	55.5	1.21	53.9	1.24	54.0	1.24
Nursing Care Required (Mean)	8.2	7.2	1.14	6.8	1.22	7.2	1.14	7.2	1.14